



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6312

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/722,075	11/26/2003	424	1618	NIDN-10311 CON
RULE				

## APPLICANTS

Jo Klaveness, Oslo, NORWAY;  
 Pal Rongved, Oslo, NORWAY;  
 Anders Hogset, Oslo, NORWAY;  
 Helge Tolleshaug, Oslo, NORWAY;  
 Anne Naevestad, Oslo, NORWAY;  
 Haldis Hellebust, Oslo, NORWAY;  
 Lars Hoff, Oslo, NORWAY;  
 Alan Cuthbertson, Oslo, NORWAY;  
 Dagfinn Lovhaug, Oslo, NORWAY;  
 Magne Solbakken, Oslo, NORWAY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/765,614 01/22/2001 ABN which is a CON of 08/960,054 10/29/1997 PAT 6,261,537  
 which is a CIP of 08/958,993 10/28/1997 PAT 6,264,917  
 which claims benefit of 60/049,264 06/06/1997  
 and claims benefit of 60/049,265 06/06/1997  
 and claims benefit of 60/049,268 06/07/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9622366.4 10/28/1996  
 UNITED KINGDOM 9622367.2 10/28/1996  
 UNITED KINGDOM 9622368.0 10/28/1996  
 UNITED KINGDOM 9700699.3 01/15/1997  
 UNITED KINGDOM 9708265.5 04/24/1997  
 UNITED KINGDOM 9711842.6 06/06/1997  
 UNITED KINGDOM 9711846.7 06/06/1997

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/16/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

## ADDRESS

Li CAI  
 Amersham Health, Inc.  
 101 Carnegie Center  
 Princeton, NJ08540-6231

## TITLE

Diagnostic/therapeutic agents

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	---	--